PTO/SB/30 (01-08) 08 OMB 0651-0031

Under the Paperwork Reduction Act of 1995, no persons are requi	U.S. Patent and Tra ired to respond to a collection of info	mation unless it co	S. DEPARTMENT OF COMMERCE ontains a valid OMB control number.
Request	Application Number	10/814,404	
for	Filing Date	03/31/2004	
Continued Examination (RCE) Transmittal	First Named Inventor	Achilefu, et a	ıl.
Address to:	Art Unit	1618	
Mail Stop RCE Commissioner for Patents	Examiner Name	Perreira	
P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket Number	073979.14 (MRD-54DV)
This is a Request for Continued Examination (RCE) Request for Continued Examination (RCE) practice under 37 C 1995, or to any design application. See instruction Sheet for R 1995, or to any design application. See instruction Sheet for R 1995, or to any design application of the PCE will be entered in the applicant does not wish to have any previously filed unternethering the service of the applicant does not wish to have any previously filed unternethering to considered as a submission even if this box is Consider the arguments in the Appeal E	FR 1.114 does not apply to any Ess (not to be submilled to the Lots (if the RCE is proper, any pre- tore order in which they were filled netered amendment(s) entered, a outstanding, any amendments is not checked.	utility or plant as ISPTO) on page wousty filed une unless applicant pplicant must reled after the fine d on	pplication filed prior to June 8, 22 Intered amendments and Interved with the 12 february of such all Office action may be
a. Suspension of action on the above-identified period of months. (Period of suspen b. Other	application is requested under 3 sion shall not exceed 3 months; Fee	7 CFR 1.103(c) under 37 CFR 1.1	for a 7(i) required)
The RCE fee under 37 CFR 1.17(e) is require a. Deposit Account No. 20-0809 i. RCE fee required under 37 CFR 1.17(e) Extension of time fee (37 CFR 1.136 and iii. Other Other Other	the following fees, any underpay :)	CE is filed. nent of fees, or	credit any overpayments, to
b. Check in the amount of \$enclosed			
c. Payment by credit card			
WARNING: Information on this form may become public, C card information and authorization on PTO-2038.	Credit card Information should	not be include	d on this form. Provide credit
	ANT, ATTORNEY, OR AGENT	REQUIRED	
SIGNATURE OF APPLICA		ate	04/08/2008
Signature /Beverly A. Lyman/			
Signature //Beverly A. Lyman/ Name (Print/Type) Beverly A. Lyman	R	egistration No.	41,961
Signature //Beverly A. Lyman/ Name (Print/Type) Beverly A. Lyman	OF MAILING OR TRANSMISSIO	N ent postage as firs	t class mail in an envelope

to process) an application. Confidentially is governed by 38 U.S.C. 122 and 37 U-H.1.11 and 7.14. The coverbolin's destination is destinated used including platening, preparing, and sustaining the completed application from the IMSPTO. The wall way depending upon the individual semination comments on the amount of time you require to complete this form and/or suggestions for reducing his burden, about the very depending upon the individual confidence of the amount of time you require to complete this form and/or suggestions for reducing his burden, about the very depending upon the individual confidence (J.S. Etherst and Trademack Ciffice, U.S. Department of Commence, P.O. Box 1450, Alexandria, M.2.2313-4460. DNOT-SIND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Mail Stop RCE, Commissioner for Patients, P.O. Box 1450, Alexandria, VA 2231-3460.

If you need assistance is completing the form, and 1-800-PTO-9999 and select option 2.